

10/575136

AP20 Rec'd PCT/PTO 06 APR 2006

## Application Data Sheet

### Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CFR:

Title: IMPROVED SYNTHESIS OF DISCODERMOLIDE  
AND VARIANTS THEREOF

Attorney Docket Number: UPN-4808

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: n/a

Total Drawing Sheets: None

Small Entity?: Yes

Latin name:

Variety denomination name:

Petition included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Amos  
**Middle Name:** B  
**Family Name:** Smith, III  
**Name Suffix:**  
**City of Residence:** Merion  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 517 General Lafayette Road  
**City of mailing address:** Merion  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19066

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Brian  
**Middle Name:** Scott  
**Family Name:** Freeze  
**Name Suffix:**  
**City of Residence:** Arlington  
**State or Province of Residence:** Massachusetts  
**Country of Residence:** United States of America  
**Street of mailing address:** 929 Massachusetts Avenue  
**City of mailing address:** Arlington  
**State or Province of mailing address:** Massachusetts  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 02476

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** China  
**Status:** Full Capacity  
**Given Name:** Ming  
**Middle Name:**  
**Family Name:** Xian  
**Name Suffix:**  
**City of Residence:** Philadelphia  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 3701 Chestnut Street, Apt. 308  
**City of mailing address:** Philadelphia  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19104

## **Correspondence Information**

**Correspondence Customer No.:** 23377  
**Name:**  
**Street of Mailing Address:**  
**City of Mailing Address:**  
**State or Province of Mailing Address:**  
**Country of Mailing Address:**  
**Postal or Zip Code of Mailing Address:**  
**Phone number:**  
**Fax number:**

## **Representative Information**

**Representative Customer No.:** 23377

## Domestic Priority Information

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This is	An application claiming the benefit under 35 USC 119(e)	60/510,097	October 9, 2003

## Foreign Priority Information

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
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## Assignee Information

<b>Assignee name:</b>	The Trustees of the University of Pennsylvania
<b>Street of mailing address:</b>	3160 Chestnut Street, Suite 200
<b>City of mailing address:</b>	Philadelphia
<b>State or Province of mailing address:</b>	Pennsylvania
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	19104